

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001869

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: DURANT MUSIC BOOSTERS, INC.

## Current Principal Place of Business:

4748 COUGAR PATH  
PLANT CITY, FL 33567 US

## New Principal Place of Business:

## Current Mailing Address:

4748 COUGAR PATH  
PLANT CITY, FL 33567 US

## New Mailing Address:

FEI Number: 59-3328992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WITCHOSKEY, MICHAEL  
DURANT HIGH SCHOOL  
4748 COUGAR PATH  
PLANT CITY, FL 33567 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTIN, KAREN G  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: VD ( ) Delete  
Name: BUCKINGHAM, BECKY  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: TD ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: SD ( ) Delete  
Name: NELSON, BETTY  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: VD ( ) Delete  
Name: WALLACE, SHARON  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NELSON, BETTY  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: VD (X) Change ( ) Addition  
Name: GAFFORD, PAMELA  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: TD (X) Change ( ) Addition  
Name: DILPORT, TRACY  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: SD (X) Change ( ) Addition  
Name: COONE, PATTY  
Address: 4748 COUGAR PATH  
City-St-Zip: PLANT CITY, FL 33567

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY M. DILPORT

TD

01/28/2009

Electronic Signature of Signing Officer or Director

Date